STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Richmond Beach AFH LLC

Richmond Beach AFH LLC
1459 NW 198th St
Shoreline, WA 98177

RE: Richmond Beach AFH LLC License # 755379

Dear Provider:

This letter addresses Compliance Determination(s) 68690 (Completion Date 11/13/2025) and 67846 (Completion Date 10/29/2025).

The Department completed a follow-up inspection of your Adult Family Home on 11/13/2025 and found that you have corrected the violations listed in the Full report dated 10/29/2025. Your home is back in compliance as of 11/02/2025 with the cited requirements of the Washington Administrative Code or the Revised Code of Washington or both.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-76-10285-2, WAC 388-76-10375-1, WAC 388-76-10375-2, WAC 388-76-10375, WAC 388-76-10900-2, WAC 388-76-10900-3, WAC 388-76-10900-4, WAC 388-76-10900-5

The Department staff who did the on-site verification:
Chrissy Exe, Long-Term Care Licensor

If you have any questions, please contact me at (206)914-5042.

Sincerely,

Renee' Bourque

Renee Bourque, Field Manager
Region 2, Unit I
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Adult Family Home license.

The department completed data collection for the unannounced on-site full inspection on 10/27/2025 of:

Richmond Beach AFH LLC
1459 NW 198th St
Shoreline, WA 98177

The following sample was selected for review during the unannounced on-site visit: 2 of 5 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Chrissy Exe, Long-Term Care Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit I
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

Statement of Deficiencies	License #: 755379	Compliance Determination # 67845
Plan of Correction	Richmond Beach AFH LLC	Completion Date
Page 2 of 5	Licensee: Richmond Beach AFH LLC	10/29/2025

As a result of the on-site visit(s), the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

Renee' Bourque
Residential Care Services

10/31/2025
Date

I understand that to maintain an Adult Family Home license, I must be in compliance with all the licensing laws and regulations at all times.

Provider (or Representative)

11/2/2025
Date

WAC 388-76-10285 Tuberculosis Two step skin testing. Unless the person meets the requirement for having no skin testing or only one test, the adult family home, choosing to do skin testing, must ensure that each person has the following two-step skin testing:

(2) A second test done one to three weeks after the first test.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure 1 of 1 staff (Staff A, Entity Representative) obtained a tuberculosis (TB) second step skin test one to three weeks after the initial skin test. This failure placed Residents 1, 2, 3, 4, and 5 at risk for potential exposure to a communicable disease.

Findings included...

Record review showed Staff A had a TB skin test administered on 11/20/2023. The TB skin test was read on 11/22/2023 with a negative result. Further review showed Staff A had no additional TB skin test results on file.

In an interview, on 10/27/2025 at 2:27 PM, Staff A stated that they did not complete a second TB skin test following the test administered on 11/20/2023.

Statement of Deficiencies	License #: 755379	Compliance Determination # 67846
Plan of Correction	Richmond Beach AFH LLC	Completion Date
Page 3 of 5	Licensee: Richmond Beach AFH LLC	10/29/2025

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Richmond Beach AFH LLC is or will be in compliance with this law and / or regulation on (Date) 11/2/2025

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Provider (or Representative) 11/2/2025 Date

WAC 388-76-10375 Negotiated care plan Signatures Required. The adult family home must ensure that the negotiated care plan is agreed to and signed and dated by the:

(1) Resident; and

(2) Adult family home.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure the negotiated care plans (NCP) were signed and dated by the AFH and the resident or their representative for 5 of 5 residents (Residents 1, 2, 3, 4, and 5). This failure placed Residents 1, 2, 3, 4, and 5 at risk for experiencing unmet care needs.

Findings included...

Record review showed the AFH admitted Resident 1 on [redacted]/2022. Further review showed Resident 1's NCP, dated 07/05/2025, was not signed and dated by the AFH or Resident 1's representative.

Record review showed the AFH admitted Resident 2 on [redacted]/2025. Further review showed Resident 2's NCP, dated 09/12/2025, was not signed and dated by the AFH or Resident 2's representative.

Record review showed the AFH admitted Resident 3 on [redacted]/2025. Further review showed Resident 3's NCP, dated 09/20/2025, was not signed and dated by the AFH or Resident 3's representative.

Record review showed the AFH admitted Resident 4 on [redacted]/2025. Further review showed Resident 4's NCP, dated 06/28/2025, was not signed and dated by the AFH or

Resident 4's representative.

Record review showed the AFH admitted Resident 5 on [redacted]/2025. Further review showed Resident 5's NCP, dated 09/20/2025, was not signed and dated by the AFH or Resident 5's representative.

In an interview, on 10/27/2025 at 1:12 PM, Staff A, Entity Representative, stated that Resident 1's representative had not signed the NCP. Staff A stated that they requested Resident 2's representative to come to the AFH to sign the NCP however Resident 2's representative was busy. Regarding Resident 3, 4, and 5's NCPs, Staff A stated that they recently learned that NCPs must be signed. Staff A stated that they will ensure NCPs are signed and dated moving forward. Staff A stated that they would contact the resident representatives immediately to request they sign the NCPs.

Observation, on 10/27/2025 at 1:48 PM, showed Staff A was heard speaking on the phone to resident representatives requesting they sign the NCPs.

In an interview, at 2:44 PM, Staff A stated that they had obtained the NCP signature pages for all 5 residents.

Record review, of the NCP signature pages provided by Staff A, showed the resident representatives signed the NCP on behalf of the respective resident. Resident 1, 2, 3, 4, and 5's NCP were all signed and dated by Staff A and the resident representative on 10/27/2025.

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Richmond Beach AFH LLC is or will be in compliance with this law and / or regulation on (Date) 11/2/2025.

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Provider (or Representative) [signature] Date 11/2/2025

WAC 388-76-10900 Documentation of emergency evacuation drills Required. The adult family home must document the following for all emergency evacuation drills:

(2) Name of the person conducting the drill;

(3) Date and time of the drill;

(4) Whether the drill was a full or partial emergency evacuation; and

(5) The length of time it took to complete the evacuation.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to document all required information when conducting emergency evacuation drills. This failure placed 5 of 5 residents (Residents 1, 2, 3, 4, and 5) at potential risk of harm in the event of an emergency.

Findings included...

Record review showed incomplete documentation for three evacuation drill logs which occurred in the past 12 months. The most recent drill, dated 09/03/2025, did not identify whether the drill was a partial evacuation or full evacuation. The drill, dated 07/08/2025, did not identify the type of drill, the start time, the end time, the length of drill, and the name of the staff member who conducted the drill. The drill, dated 05/01/2025, did not identify the start time, the end time, the length of drill, and the name of the staff member who conducted the drill.

In an interview, on 10/27/2025 at 2:55 PM, Staff A, Entity Representative, stated that the items were missed from the evacuation drill logs accidentally.

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Richmond Beach AFH LLC is or will be in compliance with this law and / or regulation on (Date) 11/2/2025.

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Provider (or Representative) — Date: 11/2/2025

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

10/31/2025

Richmond Beach AFH LLC
Richmond Beach AFH LLC
1459 NW 198th St
Shoreline, WA 98177

RE: Richmond Beach AFH LLC # 755379

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 10/29/2025 and found that your home does not meet the Adult Family Home Licensing requirements.

The Department:
• Wrote the enclosed report; and
• May take licensing enforcement action based on many deficiency listed on the enclosed report; and
• May inspect the home to determine if you have corrected all deficiencies; and
• Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:
• Begin the process of correcting the deficiency or deficiencies immediately;
• Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

• Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  o Sign and date the enclosed report;
  o For each deficiency, indicate the date you have or will correct each deficiency;
  o Return the Plan/Attestation Statement and report with signatures to:

Renee Bourque, Field Manager
Residential Care Services
Region 2, Unit I
Preferred methods:

eFax: (206) 971-6791
Email: rcsregion2email@dshs.wa.gov
Optional method:
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

• Complete correction(s) within 45 days, or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

Consultation(s):
In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-76-10810 Fire extinguishers.

(2) The home must ensure fire extinguishers are:

(a) Mounted or securely fastened in a stationary position at a minimum of four inches from the floor and a maximum of sixty inches from the floor;

The Adult Family Home (AFH) failed to ensure the fire extinguisher in the upper level of the home was mounted or securely fastened in place. This deficiency was corrected on site at the time of inspection by household member (HH) 1 (Entity Representative's spouse), who mounted the fire extinguisher.

You Are Not:
• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

You May:
• Ask for a informal dispute resolution meeting, according to the attached 'Informal Dispute Resolution' instructions; and
• Ask questions and provide written information to help clarify or dispute the deficiencies.

• Contact me for clarification of the deficiency or deficiencies found.

If You Have Any Questions:
• Please contact me at (206)914-5042.

Sincerely,

Renee' Bourque

Renee Bourque, Field Manager
Region 2, Unit I

Residential Care Services

Enclosure

Plan
(Plan of Correction)

You Must:
Return the plan, on the enclosed report, within 10 calendar days after you receive this letter.

Include the following in your plan for each deficiency:
• The date you have or will correct each deficiency; and
• Provide a signature and date certifying that you have or will take corrective measures to correct each cited deficiency.

Send your plan to:
Renee Bourque, Field Manager
Residential Care Services
Region 2, Unit I
Preferred methods:
eFax: (206) 971-6791
Email: rcsregion2email@dshs.wa.gov
Optional method:
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

INFORMAL DISPUTE RESOLUTION [RCW 70.128]

You May:
Request an Informal Dispute Resolution (IDR) meeting within 10 working days after the date you receive this letter. You **must** use an **'IDR Request Form'** for **each** citation or enforcement you plan to dispute. You can make an IDR request and find directions on the IDR web page at: https://www.dshs.wa.gov/altsa/idr

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Provider Process for Choosing a Panel or Traditional IDR:

You may only choose a **Panel IDR** if you are disputing **three or fewer** citations or enforcement actions. You may choose a **Traditional IDR** regardless of the number of citations or enforcement actions you intend to dispute. If you choose a **Panel IDR**, all documents supporting your dispute must be submitted within **20 working days** after the date you receive this letter. For **Panel IDR**s the program

will not consider any documents submitted after the **20 working day deadline**. For **Traditional IDRs** you should submit documents supporting your dispute at least **seven** days prior to the date of the IDR meeting.

Send your supporting documents to:

Email: RCSIDR@dshs.wa.gov; or
Fax: (360) 725-3225